# JC06 Rec'd PCT/PTO 23 MAR 2005

#### Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: PROCESS FOR REALISING A

BIOMORPHIC, STEREOLITHOGRAPHED

PHANTOM, WHICH IS

MULTICOMPARTMENTAL AND SUITABLE

FOR MULTIANALYTICAL

EXAMINATIONS, AND RELEVANT

DEVICE

Attorney Docket Number:: 2520-1056

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: BRUNO

Middle Name::

Family Name:: ALFANO

Name Suffix::

City of Residence:: NAPOLI

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing CONSIGLIO NAZIONALE DELLE RICERCHE-

Address:: ISTITUTO DI BIOSTRUTTURE E BIOIMMAGINI

VIA PANSINI, 5

City of Mailing Address:: NAPOLI

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 80131

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: ANNA

Middle Name::

Family Name:: PRINSTER

Name Suffix::

City of Residence:: NAPOLI

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing CONSIGLIO NAZIONALE DELLE RICERCHE-

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State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 80131

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: MARIO

Middle Name::

Family Name:: QUANTARELLI

Name Suffix::

City of Residence:: NAPOLI

State or Province of

Residence::

Country of Residence:: ITALY

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State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: 80131

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/IT2003/000564	9/22/03

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
ITALY	RM2002A000477	9/25/02	Yes

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## Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::